

## FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

CJA 23  
(Rev. 5/98)IN UNITED STATES  
IN THE CASE OF☒ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

VS.

VS.

Jeffrey Frojd

FOR

AT

NORTHERN DIST OF ILLINOIS

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

JEFFREY FROJD

CHARGE/OFFENSE (describe if applicable & check box →) ☒ Felony ☐ Misdemeanor

18 U.S.C. 2113

- 1 ☒ Defendant - Adult  
 2 ☐ Defendant - Juvenile  
 3 ☐ Appellant  
 4 ☐ Probation Violator  
 5 ☐ Parole Violator  
 6 ☐ Habeas Petitioner  
 7 ☐ 2255 Petitioner  
 8 ☐ Material Witness  
 9 ☐ Other (Specify) \_\_\_\_\_

## DOCKET NUMBERS

Magistrate

District Court

08 CR 216-1

Court of Appeals

FILED

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

## EMPLOYMENT

Are you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: \_\_\_\_\_

IF YES, how much do you  
earn per month? \$ \_\_\_\_\_IF NO, give month and year of last employment  
How much did you earn per month? \$ \_\_\_\_\_If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your  
Spouse earn per month? \$ \_\_\_\_\_If a minor under age 21, what is your Parents or  
Guardian's approximate monthly income? \$ \_\_\_\_\_

## OTHER INCOME

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ NoIF YES, GIVE THE AMOUNT  
RECEIVED & IDENTIFY \$ \_\_\_\_\_  
THE SOURCES \_\_\_\_\_

RECEIVED

SOURCES

## CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ \_\_\_\_\_

## PROPERTY

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$ \_\_\_\_\_  
DESCRIBE IT \_\_\_\_\_

VALUE

DESCRIPTION

## DEPENDENTS

## MARITAL STATUS

- ☐ SINGLE  
☐ MARRIED  
☐ WIDOWED  
☐ SEPARATED OR DIVORCED

Total  
No. of  
Dependents

List persons you actually support and your relationship to them

## DEBTS &amp; MONTHLY BILLS

(LIST ALL CREDITORS,  
INCLUDING BANKS,  
LOAN COMPANIES,  
CHARGE ACCOUNTS,  
ETC.)APARTMENT  
OR HOME:

Creditors

Total Debt

Monthly Payt.

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

J/F 2008

3/14/08

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)